

# TACTICAL RESPONSE REPORT/Chicago Police Department

|   |  |  |   |  |   |   |                          |                             |
|---|--|--|---|--|---|---|--------------------------|-----------------------------|
| MEMBER INVOLVED<br><input type="checkbox"/> DNA   | 1. DATE OF INCIDENT<br>09-JUL-2017   | TIME<br>11:35:00   | 2. ADDRESS OF OCCURRENCE<br>5055 W WOLFRAM ST CHICAGO, IL 60641   | 3. LOCATION CODE<br>291  | 4. BEAT/OCCUR<br>2521   | 5. VIDEO RECORDED INCIDENT<br><input type="checkbox"/> 01 BWC <input type="checkbox"/> 02 IN-CAR CAMERA<br><input type="checkbox"/> 03 OTHER REPT VIDEO |                          |                             |
|   | 6. POSITION<br>9161  | 7. LAST NAME<br>SENG   | 8. FIRST NAME<br>ERICK P  | 9. STAR NO.<br>15746   | 10. SEX<br><input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F   | 11. RACE CODE<br>WHI  | 12. AGE<br>511           | 13. HT<br>215               |
| SUBJECT INFORMATION<br><input type="checkbox"/> DNA   | 15. DATE OF APPT<br>28-FEB-2000  | 16. EMPLOYEE NO.<br>[REDACTED]   | 17. UNIT & BEAT OF ASSIGNMENT<br>025   2562D  | 18. DUTY STATUS<br><input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off   | 19. MEMBER INJURED?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No  | 20. MEMBER IN UNIFORM?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No   |                          |                             |
|   | 21. LAST NAME<br>ALVAREZ   | 22. FIRST NAME<br>BRYANT   | 23. M.I.<br>[REDACTED]  | 24. SEX<br><input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F  | 25. RACE<br>WWH   | 26. D.O.B.<br>17-APR-1993   | 27. HT.<br>505           | 28. WT.<br>180              |
| REASON FOR USE OF FORCE<br>(Check all that apply)<br><input type="checkbox"/> DNA   | 29. ADDRESS<br>2739 N LECLAIRE AVE CHICAGO, IL 60639   | 30. TELEPHONE NO.  | 31. WAS SUBJECT ARMED?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No   | 32. FIREARM - SEMI-AUTOMATIC<br><input checked="" type="checkbox"/> MEMBER? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | 33. SUBJECT ALLEGED INJURY BY MEMBER?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No  |   |                          |                             |
|   | 34. IF SUBJECT INJURED, DESCRIBE INJURY<br><input checked="" type="checkbox"/> 01 Fatal<br><input type="checkbox"/> 02 Non-Fatal - Major Injury<br><input type="checkbox"/> 03 Non-Fatal - Minor Injury<br><input type="checkbox"/> 04 Non-Apparent/None | 35. WHERE WAS MEDICAL TREATMENT OBTAINED?<br>OUR LADY OF RESURRECTION MEDICAL CENTER   |   |  |   |   |                          |                             |
| SUBJECT'S ACTIONS<br><input type="checkbox"/> DNA   | 36. BY WHOM?<br>[REDACTED]   | 37. CONDITION<br><input type="checkbox"/> 01 Apparently Normal<br><input type="checkbox"/> 02 Under Influence<br><input type="checkbox"/> 03 Hospitalized<br><input type="checkbox"/> 04 Not Hospitalized<br><input type="checkbox"/> 05 Refused Medical Aid | 38. CHARGES PLACED<br>[REDACTED]  | 39. CB NO.<br>DNA  | 40. IR NO.<br>DNA   | 41. 00000000  |                          |                             |
|   | DID NOT FOLLOW VERBAL DIRECTION<br><input checked="" type="checkbox"/>   | PASSIVE RESISTER<br>FLED   | ACTIVE RESISTER<br>PULLED AWAY  | ASSAILANT: ASSAULT<br>IMMINENT THREAT OF BATTERY<br>OTHER<br>PERCEIVED AS _____  | ASSAILANT: BATTERY<br>ATTACK WITH WEAPON<br>ATTACK WITHOUT WEAPON<br>OTHER  | ASSAILANT: DEADLY FORCE<br>USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM<br>WEAPON<br>OTHER<br>PERCEIVED AS _____                               |                          |                             |
| MEMBERS RESPONSE<br><input type="checkbox"/> DNA  | STIFFENED (DEAD WEIGHT)<br><input type="checkbox"/>  | OTHER _____  | MEMBER PRESENCE<br>OPEN HAND STRIKE<br>TAKE DOWN / EMERGENCY HANDCUFFING<br>OC CHEMICAL WEAPON<br>CANINE<br>TASER (Probe Discharge)<br>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/><br>TASER (Contact Stim)<br>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/><br>TASER (ARC Cycle)<br>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/><br>OC/CHEMICAL WEAPON WAUTHORIZATION<br>TASER (Spark Displayed)<br>LRAD WITH AUTHORIZATION<br>OTHER _____ | ELBOW STRIKE<br>CLOSED HAND STRIKE/PUNCH<br>IMPACT WEAPON (Describe in Box 40)<br>OTHER  | KNEE STRIKE<br>KICKS<br>IMPACT MUNITION (Describe in Box 40)<br>OTHER   | FIREARM<br><input checked="" type="checkbox"/>  |                          |                             |
|   | PRESSURE SENSITIVE AREAS<br><input type="checkbox"/>   | OTHER _____  |   |  |   | OTHER _____   |                          |                             |
| WEAPON DISCHARGE INCIDENT<br><input type="checkbox"/> DNA   | 42. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)  | RANK   | STAR NO.  | UNIT NO.   | 43. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No   |                          |                             |
|   | 43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No   | 44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No  | 45. DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY?<br><input type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member  |  |   |   |                          |                             |
| 46. WEAPON TYPE<br><input type="checkbox"/> 01 REVOLVER<br><input type="checkbox"/> 02 RIFLE<br><input type="checkbox"/> 03 SHOTGUN   | <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL<br><input type="checkbox"/> 05 CHEMICAL WEAPON<br><input type="checkbox"/> 06 TASER (Probe Discharge)<br><input type="checkbox"/> 07 OTHER   | 47. INCIDENT OCCURRED<br><input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors   | 48. LIGHTING CONDITIONS<br><input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn<br><input type="checkbox"/> 05 Poor Artificial  | 49. WEATHER CONDITIONS<br><input checked="" type="checkbox"/> CLEAR  | 50. MAKE/MANUFACTURER<br>GLOCK, INC.-AU-  | 51. MODEL<br>22   | 52. BARREL LENGTH<br>4.5 | 53. CALIBER/GAUGE<br>40 S&W |
| 54. TASER DART ID NO.<br>[REDACTED]   | 55. WEAPON SERIAL NO. (Include Letters)<br>PM2561  | 56. CHICAGO GUN REG. NO.<br>RO14931S   | 57. IL FIREARM OWNER ID. NO.<br>15440599  | 58. HANDGUN CERTIFICATE NO.<br>[REDACTED]  |   |   |                          |                             |
| 59. SPECIAL WEAPON CERTIFICATE NO.<br>[REDACTED]  | 60. PROPERTY INVENTORY NO.<br>[REDACTED]   | 61. TYPE OF AMMUNITION USED<br>Department Issued   | 62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.<br>1  | 63. TOTAL NO. OF SHOTS MEMBER FIRED<br>3   |   |   |                          |                             |
| 64. WHO FIRED FIRST SHOT<br><input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER  | 65. WAS FIREARM RELOADED DURING INCIDENT<br><input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO  | 66. NO. OF CARTRIDGES/SHOT SHELLS RELOADED   | 67. HOW WAS MEMBER'S HANDGUN WORN<br><input type="checkbox"/> 03 OTHER (Specify)<br><input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)  | 68. DID MEMBER USE SIGHTS<br><input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO  |   |   |                          |                             |
| 69. HOW WAS MEMBER'S HANDGUN DRAWN<br><input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW  | 70. SPECIFY METHOD/EQUIPMENT USED TO RELOAD  | 71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)<br>REAR FENCE  | 72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED<br><input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input checked="" type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.  |  |   |   |                          |                             |
| 73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON<br><input checked="" type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE<br><input checked="" type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION | 74. POSITION OF MEMBER DISCHARGING WEAPON<br><input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING<br><input type="checkbox"/> 05 OTHER (SPECIFY)         | LOG# 1059976   | 75. EVENT NO.<br>1719006157   |  |   |   |                          |                             |
| CPD-11.377 (REV. 3/16)  | Attachment <u>50</u>   | Page 1 of 3  |   |  |   |   |                          |                             |

|                  |  |  |                                   |                         |  |
|------------------|--|--|-----------------------------------|-------------------------|--|
| CASE INFORMATION | <p>77. NOTIFICATIONS (ALL INCIDENTS) <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE<br/>           NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC<br/>           NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input checked="" type="checkbox"/> OEMC<br/>           Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.</p> |  |                                   |                         | 1719006157<br>15. EVENT NO.                            |
|                  | 78. ADDITIONAL INFORMATION<br><b>ARMED OFFENDER TURNED AND POINTED FIREARM IN DIRECTION OF MEMBER. MEMBER FIRED THREE ROUNDS AT THE SUBJECT.</b>   |  |                                   |                         |  |
| SIGNATURES       | 79. REPORTING MEMBER (Print Name)<br><b>SENG, ERICK P</b><br><b>09-JUL-2017 19:09:10</b>   |  | STAR/EMPLOYEE NO.<br><b>15746</b> | SIGNATURE<br>[REDACTED] | J4340766<br>26 R.D. NO.                                |
|                  | Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.   |  |                                   |                         |  |
|                  | 80. REVIEWING SUPERVISOR (Print Name)<br><b>DEJA, DAVID J</b>  |  | STAR NO.<br><b>2051</b>           | SIGNATURE<br>[REDACTED] | DATE REVIEWED      TIME<br><b>09-JUL-2017 19:11:04</b> |

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE  DNA  REFUSED  INTERVIEW NOT CONDUCTED (Specify Reason)

DOA

82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

U#17-015 This investigation is being handled by Area North Detective Division and IPRA, IPRA is in charge of this investigation. Based upon the preliminary information that is available at this time, it appears that the officer acted in compliance with Department Directives. At this time, members weapon hasn't been inventoried by Forensics. It has not been confirmed that he fired three rounds.

83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN Q03-02-05.

84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

LOG NO. 1085877 OBTAINED

85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

**WILLIAMS, TERENCE V**

86. TRR \_\_\_\_\_ OF \_\_\_\_\_ TRR(S)

87. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.

2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION

SIGNATURE  
[REDACTED]

DATE COMPLETED TIME  
**09-JUL-2017 19:17:15**